

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2000

Application or Docket Number

09/944,544  
S150-50100

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

|                                  |               |                          |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS                     | 20            |                          |
| FOR                              | NUMBER FILED  | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 20 minus 20 = | 0                        |
| INDEPENDENT CLAIMS               | 4 minus 3 =   | 1                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |               | <input type="checkbox"/> |

SMALL ENTITY  
TYPE

|           |        |           |        |
|-----------|--------|-----------|--------|
| RATE      | FEES   | RATE      | FEES   |
| BASIC FEE | 355.00 | BASIC FEE | 710.00 |
| X\$ 9=    |        | X\$18=    | d      |
| X40=      |        | X80=      | 80     |
| +135=     |        | +270=     |        |
| TOTAL     |        | TOTAL     | 790    |

OTHER THAN  
OR SMALL ENTITY

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|-------|---|------------------|
|  | Total                                     | 34    | Minus                                       | .. 34 = 0        |
| Independent                                    | 4   | Minus | ... 4                                       | = 0              |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       | <input type="checkbox"/>                    |                  |

SMALL ENTITY OR OTHER THAN  
OR SMALL ENTITY

|                  |                        |                  |                        |
|------------------|------------------------|------------------|------------------------|
| RATE             | ADDI-<br>TIONAL<br>FEE | RATE             | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=           |                        | X\$18=           |                        |
| X40=             |                        | X80=             |                        |
| +135=            |                        | +270=            |                        |
| TOTAL ADDIT. FEE |                        | TOTAL ADDIT. FEE | 0                      |

| AMENDMENT B                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | - HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|-------|---|------------------|
|  | Total                                     | ..    | Minus   | .. =             |
| Independent                                    | ..  | Minus | ...   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       | <input type="checkbox"/>                      |                  |

|                  |                        |                  |                        |
|------------------|------------------------|------------------|------------------------|
| RATE             | ADDI-<br>TIONAL<br>FEE | RATE             | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=           |                        | X\$18=           |                        |
| X40=             |                        | X80=             |                        |
| +135=            |                        | +270=            |                        |
| TOTAL ADDIT. FEE |                        | TOTAL ADDIT. FEE |                        |

| AMENDMENT C                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|-------|---|------------------|
|  | Total                                     | ..    | Minus                                       | .. =             |
| Independent                                    | ..  | Minus | ...   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       | <input type="checkbox"/>                    |                  |

|                  |                        |                  |                        |
|------------------|------------------------|------------------|------------------------|
| RATE             | ADDI-<br>TIONAL<br>FEE | RATE             | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=           |                        | X\$18=           |                        |
| X40=             |                        | X80=             |                        |
| +135=            |                        | +270=            |                        |
| TOTAL ADDIT. FEE |                        | TOTAL ADDIT. FEE |                        |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.